

PUBLIC UTILITIES COMMISSION
465 South King Street, Room 103
Honolulu, Hawaii 96813

MOTOR CARRIER VIOLATION REPORT LOG

REPORTED VIOLATION

DATE_____

TIME_____

LOCATION_____

NAME OF COMPANY OR INDIVIDUAL_____

VEHICLE LICENSE NUMBER_____

PUC NUMBER (IF ANY)_____

UNLAWFUL ACTIVITY (DESCRIBE IN DETAIL)_____

Name of Complainant _____

Address _____

Telephone Number _____

Date Filed _____

Enforcement Officer _____